

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - A00000000266

1. Entity Name
WLN FAMILY LIMITED PARTNERSHIP



FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH FL 33480

Mailing Address
350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 65-0980015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LENEVE, W. LAWRENCE
350 SOUTH COUNTY ROAD
SUITE 201
PALM BEACH FL 33480

*changed
3/26/03*

7. Name and Address of New Registered Agent

Name *CT Corporation System*
Street Address (P.O. Box Number is Not Acceptable) *1200 S. Pine Island Rd*
City *Tallahassee* FL Zip Code *32324*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

04/29/03
DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME LENEVE, W. LAWRENCE
STREET ADDRESS 350 SOUTH COUNTY ROAD SUITE 201
CITY-ST-ZIP PALM BEACH FL 33480

STREET ADDRESS
CITY-ST-ZIP
800018298888
*05/06/03 01079 019 **150.00*

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/29/03
Date

Daytime Phone #

CR25003 (10/02)

0004075 AV

CHECK HERE